

Our Mission..

*... to be responsible stewards of the public trust,
to strive for excellence in public service, and
to enhance the quality of life for all.*



APPLICATION FOR A CHANGE IN ZONING

Zoning Case No. _____

(PLEASE TYPE OR PRINT)

The Following Information To Be Supplied By The **Applicant**:

Name: _____

Contact Person: _____

Address: _____

Email Address: _____ City: _____ State: _____

Zip: _____

Telephone: _____ Fax: _____ E-Mail _____

Signature of Applicant

The Following Information To Be Supplied By The **Owner**:

Name: _____

Address: _____

Email Address: _____ City: _____ State: _____

Zip: _____

Telephone: _____ Fax: _____ E-Mail _____

I Am The Owner Of The Herein Described Property, And _____
Is Authorized To File This Application On My Behalf.

Signature of Owner

Location of Request: _____

Existing Zoning: _____ Acreage _____

*Requested Zoning: _____

Explanation: _____

* All requests shall be advertised for the requested district and/or any other district which is more restrictive by area requirements, land use and height.

A legal description of the property for which the zoning change is requested **must** be completed as "EXHIBIT A" and attached hereto. The description shall include the distance and bearing of the point of beginning from the nearest intersection of streets or roads.

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Date Filed: _____ Receipt No.: _____ \$ _____

Pending Plat: _____